13049
U.S. PI

UTILITY PATENT APPLICATION

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Attorney Docket No.	F1279-9
First Inventor	DOHERTY, ET AL.
Title	Telephone Interface for a Handicappped Individual
Express Mail Label	ER7499279731IS

(Only for new	v nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label	ER749927973US			
See MPEP	APPLICATION ELEMENTS Chapter 600 concerning utility patent application	contents.	,	Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450			
) (S	ee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee process pplicant claims small entity status. ee 37 CFR 1.27.	sing)		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) ootide and/or Amino Acid Sequence Submission licable, all necessary)			
(p	pecification (Total Pages Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description	12] D		Computer Readable Form (CRF) Specification Sequence Listing on: i.			
- Detailed Description - Claim(s) - Abstract of the Disclosure 4.							
For CONTINU under Box 5t reference. Th	JATION OR DIVISIONAL APPS only: The ent b, is considered a part of the disclosure of the le incorporation <u>can only</u> be relied upon when	ire disclosu he accompar a portion ha	re of the prior nying continuat s been inadvert	application, from which an oath or declaration is supplied tion or divisional application and is hereby incorporated by tently omitted from the submitted application parts.			
	19. CO	RRESPO	NDENCE AD	DDRESS			
	Customer Number:			or X Correspondence address below			
Name -	DOCKET ADMINISTRATOR						
Name	LOWENSTEIN SANDLER PC						
Address	65 LIVINGSTON AVENUE						
City	ROSELAND	Stata	NJ	Zin Codo 070/9			
Country		State		Zip Code 07068			
Country	UNITED STATES Te	lephone	973-597-2500	Fax 973-597-2400			
Name (Signati	(Print/Type) MICHARL B. JOHANNESEN, E	sq.		stration No. (Attomey/Agent) 35,557			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION TRANSMITTAL LETTER

(Small Entity)

Docket No. F1279-9

PTO

TO THE COMMISSIONER FOR PATENTS

O								
Transmitted herewith fo	r filing under 35	U.S.C. 111 and	37 C.F.R. 1.5	3 is the	e patent app	lication of:		
Doherty, et al.								
For: TELEPHONE IN	TERFACE FOR	A HANDICAPP	ED INDIVIDI	J AL				
Enclosed are:							·	
□ Certificate of Mailir	ng with Express	Mail Mailing Lab	el No. ER	749927	973 US			
⊠ 7	sheets of dra	awings.						
☐ A certified copy of	A certified copy of a application.							
☑ Declaration	☐ Signed.	Unsigned.						
☐ Power of Attorney								
☑ Information Disclos ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
☐ Preliminary Amend				0		07.0 5.5 4.0		
Other:	Verified Sta	tement(s) to Esta	adiish Smail E	entity S	tatus Under	37 C.F.R. 1.9 a	and 1.27.	
U Other.								
		CLAIMS A	S FILED			<u>II</u>		
For	#Filed	#Allowed	#Extra		Rate		Fee	
Total Claims	14	- 20 =	0	х	\$9.00		\$0.00	
Indep. Claims	2	- 3 =	0	x	\$43.00		\$0.00	
Multiple Dependent Cl	aims (check if	applicable) 🗆	3	,			\$0.00	
						BASIC FEE	\$385.00	
					TOTAL	FILING FEE	\$385.00	
☑ Credit any☑ Charge an☐ Charge the	eby authorized to v. e amount of overpayment. y additional filing e issue fee set in a 37 C.F.R. 1.31	s385.00 as fees required up 37 C.F.R. 1.18	filing fee. nder 37 C.F.F at the mailing MIC	R. 1.16 of the	No. and 1.17. Notice of Al B. JOHAN	Signature NESEN (REG. 1	NO: 35,557)	
cc:			LO 65 I ROS	WENST LIVING SELAN	EY FOR API FEIN SAND GSTON AVE ID, NJ 0706	LER PC NUE		

			Docket No.
	MAIL" (37 CFR 1.10)		
Applicant(s): Doherty, e	F1279-9		
Serial No.	Filing Date	Examiner	Group Art Unit
60/459,330	April 1, 2003		
Invention: TELEPHON	E INTERFACE FOR A HANDIC	APPED INDIVIDUAL	
I hereby certify that the	following correspondence:		
		y; Non-Provisional Patent Applica ntion Disclosure Statement; Inform	
	(Identify type o	of correspondence)	
is being deposited with	the United States Postal Servic	e "Express Mail Post Office to Ad	dressee" service under 37
CFR 1.10 in an envelop	pe addressed to: Commissioner	for Patents, P.O. Box 1450, Alexa	andria, VA 22313-1450 on
	March 21 2004		
	March 31, 2004 (Date)		
		CAMILLE PAY	NF
		(Typed or Printed Name of Person Maili	
		(innelle.	Many
		(Signature of Person Mailing Cor	respondence)
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		("Express Mail" Mailing Labe	
	Note: Each paper must have	ve its own certificate of mailing.	
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Complete if Known

PTO/SB/17 (08-03)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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for EV 2002		Application Number			60/459,330					
for FY 2003			Filing Date			April 1, 2003				
Effective 01/01/2003. Patent fees are subject to annual revision.			First Named Inventor			Doherty, et al.				
Applicant claims small entity status. See 37 CFR 1.2	27	Examiner Name				-				
		Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) \$385	5.00	Attorney Docket No.		F1279	-9					
METHOD OF DAVAGNET		FEE CALCULATION (continued)								
METHOD OF PAYMENT (check all that apply)					E C/	ALCULA	ATION (CO	ontinued)		
Check Credit card Money Other None		DDITIC Entity			,					
Deposit Account: Deposit	Fee	Fee	Fee	Fee	-	Fee	Descripti	on	Fee Paid	
Account 501358	Code 1051	(\$) 130	2051	(\$) 65	Surch	narge - late	filing fee o	r oath		
Number Deposit	1052	50	2052	25			provisional	I filing fee or cover		
Account Name LOWENSTEIN SANDLER PC	1053	130	1053	130	sheet		nacification			
		2,520		130 Non - English specification2,520 For filing a request for ex parte reexamination						
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1804					•	•	IR prior to Examiner		
Charge any additional fee(s) during the pendency of this application	ł				action	ו י		•		
Charge fee(s) indicated below, except for the filling fee	1805	1,840*	1805 1	,840*	Requ		lication of S	IR after Examiner		
to the above-identified deposit account.	1251	110	2251	55	Exten	sion for re	ply within fir	rst month		
FEE CALCULATION	1252	410	2252	205	Exten	sion for re	ply within se	econd month		
1. BASIC FILING FEE	1253	930	2253	465	Exten	sion for re	ply within th	ird month		
Large Entity Small Entity	1254	1,450	2254	725	Exten	sion for re	ply within fo	urth month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	1,970	2255	985	Exten	sion for re	ply within fit	th month		
1001 750 2001 375 Utility filing fee 385.00	1401	320	2401	160	Notice	e of Appea	ıl			
1002 330 2002 165 Design filing	1402	320	2402	160	Filing	a brief in s	support of a	n appeal		
1003 520 2003 260 Plant filing fee	1403	280	2403	140	Requ	est for oral	hearing			
1004 750 2004 375 Reissue filing	1451	1,510	1451	1,510	Petitio	on to institu	ute a public	use proceeding		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petitio	on to revive	e - unavoida	able		
SUBTOTAL (1) (\$) \$385.00	1453	1,300	2453	650	Petitio	on to revive	e - unintenti	onal		
2. EXTRA CLAIM FEES FOR UTILITY AND		1,300	2501	650	•		(or reissue)			
Fee from Extra Claims below Fee Paid	1502		2502			n issue fe	9			
Total Claims	1503		2503			issue fee				
Independent - 3** = 0 X = 0.00	1460		1460				Commission			
Multiple Dependent =	1807		1807			-		FR § 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	State		nformation [Jisciosure		
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40			patent assi of properties	gnment per property		
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375			ion after fin	•		
1201 84 2201 42 Independent claims in excess of 3	1010	750	2010	275	•	FR § 1.12		n to be examined		
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	3/5		FR § 1.12		in to be examined		
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	Requ	est for Cor	ntinued Exa	mination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		est for exp esign appl	edited exan	nination		
and over original patent	Oth	er fee (s	specify)		0.00	ooigii appi				
SUBTOTAL (2) (\$) \$0.00		•	• •							
(4)	ducad F	u Dacis	Eilia- '	Enc D	aid.	SUBTO	TAL (3)			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)										
SUBMITTED BY Complete (if applicable) Registration No.										
Name (Print/Type) MICHAEL B. JOHANNESEN		Registra (Attorney		۱ ا	35,5	557	Telephone	973-597-2	500	
Signature Man 3 Tolomon	<u>_</u>		-			Date	3/31/2004			
I MOSIMA D. MIDOMAS	100			_			2010	3/31/2004		

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